



COVID-19 Response in HMIS Guide

Use this guide to record critical information about COVID-19’s impact on your clients, spread through our system, and support you need.

NCCEH

Last Updated: 04/8/2020

Objectives: To understand total count of clients with COVID-19 symptoms (fever, new or worsening cough, shortness of breath), in isolation, in quarantine, in hospitals, and in recovery in our system and the dates for each event.

Who: All current and new clients *with* symptoms for COVID-19. Don’t worry if clients have not been tested. CDC and HUD guidance is to not wait – we do not want to undercount! [All projects should screen new and current clients for symptoms.](#) COVID-19 does not discriminate between project or household types. As you initiate screening to evaluate client needs, integrate data entry procedures for clients with symptoms.

How to enter data: Client Profile tab, beneath the additional Race options.

- Add **Yes** for “Symptoms consistent with COVID-19” if appropriate. Leave blank if **No** symptoms.
- Add client reported **Date** for “date symptoms started:” for ALL with symptoms. If the client is unsure or can't remember, enter today's date.
- Add **Date** for “isolation date:” if appropriate. Isolation is used to separate sick people from healthy people.
- Add **Date** for “quarantine date:” if appropriate. Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Leave blank if Not Applicable or Unknown.
- Add **Date** for “hospitalized date:” if due to COVID-19 symptoms. Leave blank if Not Applicable or Unknown.
- Only add **Positive** or **Negative** for “test result” if a result is known. Leave blank if Not Applicable or Unknown.
- Add **Date** for “when tested” when clients report being tested. Leave blank if Not Applicable or Unknown.
- Add **Date** for “results provided” when it was available to the client. Leave blank if Not Applicable or Unknown.
- Add **Currently symptomatic, No longer symptomatic, Recovery, or Deceased** for “current symptomatic disposition” as the client’s status changes. Leave blank if Not Applicable or Unknown.
- Add **Date** for “symptomatic disposition date” when the client’s disposition changes. Do not change the date unless the disposition response has changed. Leave blank if Not Applicable or Unknown.

COVID-19 Information

Select "Yes" if client shows symptoms consistent with COVID-19. Leave blank and continue to Contact Information if not symptomatic.

| | |
|---|---|
| Are you experiencing symptoms consistent with COVID-19 (fever, cough, shortness of breath)? | <input type="text" value="-Select-"/> |
| When did your symptoms begin? | <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> |
| When did you begin your isolation? | <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> |
| When did you begin your quarantine? | <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> |
| If hospitalized, what date were you admitted to the hospital? | <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> |
| If known, what is the COVID-19 test result or confirmed disease status? | <input type="text" value="-Select-"/> |
| If tested for COVID-19, when were you tested? | <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> |
| If tested for COVID-19, what date were the test results provided to you? | <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> |
| What is your current symptomatic disposition? | <input type="text" value="-Select-"/> |
| What is the date of your current symptomatic disposition? | <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> |



Hover over the question for extra tips and reminders!

