Post-Acute Care and Behavioral Health to Hospital Transfer — COVID-19

It is critical for all Post-Acute and Behavioral Health Facilities to notify EMS and hospital emergency departments PRIOR TO TRANSFER of the Resident/Patient’s COVID-19 status. This tool should be used to document the Resident/Patient’s current clinical and COVID-19 status.

INSTRUCTIONS: CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE RESIDENT/PATIENT STATUS. FOLLOW THE DIRECTIVE FOR USE OF A STANDARD MASK ON THE PATIENT.

A copy of the form should be provided to the EMS provider.

Facility __________________________ Date ______________
Contact Information __________________________ Time __________________
Resident/Patient Name __________________________ Date of Birth ______________

Reason for resident transfer and any input from the sending Physician/Practitioner __________________________

QUESTION 1:
Has the resident/patient been tested for COVID-19? If yes, date of test __________________________

☐ Negative  ☐ Positive

QUESTION 2:
Has the facility had a patient that was suspected or confirmed to have COVID-19?

☐ YES  ☐ NO

QUESTION 3:
Has the transferring facility implemented COVID-19 Screening of Residents, Staff, Visitors and Vendors for the PAST 14 DAYS or more?

☐ NO  ☐ YES

QUESTION 4:
Has the patient or a member of the facility staff been lab tested positive for COVID-19, or in the past 14 days, been a Person Under Investigation (PUI) for COVID-19, traveled through an airport, traveled on a cruise ship, or had a respiratory illness that was NOT evaluated for COVID-19?

☐ NO  ☐ YES

QUESTION 5:
Does the resident/patient have a respiratory illness (cough, sneezing, fever>100.4, shortness of breath, or sore throat?) Or is the resident/patient immunocompromised?

☐ NO  ☐ YES

PATIENT MASK IS NOT REQUIRED DURING TRANSPORT

Mask the patient during transport to the hospital

Report called to: __________________________ Date/time ______________

Form updated as of 4/3/2020