

Check with provider or hospital to see if TELEHEALTH is offered to prevent unnecessary transfers to the ED

## 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?

NO

YES

### QUESTION 3:

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

YES

NO

### 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

**MASK THE  
PATIENT  
DURING  
TRANSPORT  
TO THE  
HOSPITAL**

**PATIENT MASK IS NOT REQUIRED DURING TRANSPORT**

Report called to: \_\_\_\_\_ Date/time \_\_\_\_\_