**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.*

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**Facility** ___________________________ **Date** ___________________________

**Contact Information** ___________________________ **Time** ___________________________

**Resident/Patient Name** ___________________________ **Date of Birth** ___________________________

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

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**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?

- [ ] YES
- [ ] NO

**PATIENT MASK IS NOT REQUIRED DURING TRANSPORT**

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Report called to: ___________________________ **Date/time** ___________________________

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

MHA

MISSOURI HOSPITAL ASSOCIATION

Form updated as of 4/3/2020