

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 _____