

Transfer and Admissions Checklist

Please use this form to assess requests for transfer/repatriation or new admission to LTCH/RH/Congregate Living/Complex Continuing Care Facility when the hospital/transferring facility and/or receiving facility is in declared outbreak.

To avoid unnecessary delays, please complete form in full before notifying Public Health Sudbury & Districts of discharge readiness. Information to be provided regardless of type of outbreak (enteric, respiratory, COVID-19).

Transfer/repatriation requests must be sent to Public Health Sudbury & Districts **within 48 hours of the transfer/repatriation date**. If the transfer/repatriation is to occur on the first business day following a long weekend, transfer requests must be submitted to Public Health Sudbury & Districts **within 72 hours of the transfer/repatriation date**.

For COVID-19 outbreaks, refer to [Appendix E](#) for direction. If guidance identifies that Public Health Sudbury & Districts consultation is required, please fax this form to PHSD as per information in Section 4.

Transferring facility name:		
Receiving facility name:		
Facility in outbreak: Transferring facility <input type="checkbox"/>	Receiving facility <input type="checkbox"/>	Both facilities <input type="checkbox"/>
Outbreak Number(s):		
Type of outbreak (if applicable): Enteric <input type="checkbox"/> Respiratory <input type="checkbox"/> COVID-19 <input type="checkbox"/>		

Section 1: Information to be completed by Transferring Facility

Section 1.1: Transferring Facility Information

Facility name:	
Contact name:	
Phone number:	Fax number:
Date of transfer request:	Time of transfer request:

Section 1.2: Resident/Disease Information

Patient/Resident Name (First, Last):			
Resident date of birth:			
Type of transfer: New admission <input type="checkbox"/> Transfer/Repatriation <input type="checkbox"/>			
Is current resident/patient room part of an outbreak? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the resident a COVID-19 case? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date last COVID-19 test completed:	PCR <input type="checkbox"/>	Molecular <input type="checkbox"/>	RAT <input type="checkbox"/>
Is the resident a HRCC of a COVID-19 case? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Section 1.3: Patient Symptom/Disease Record

Has the patient experienced any enteric symptoms (diarrhea/vomiting)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Last episode date:
Stool sample collection date (if applicable):
Result (if applicable):
Has the patient experienced any respiratory/COVID-19 symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/>
Onset Date:
Multiplex respiratory virus PCR (MRVP) collection date:
Result(s):
Has the patient received OR is patient receiving Tamiflu? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Treatment (75 mg twice daily) <input type="checkbox"/> Prophylaxis (75 mg once daily) <input type="checkbox"/>
Has the patient received OR is patient receiving Paxlovid? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Section 1.4: Transferring facility

Date of admission to hospital/facility:	N/A <input type="checkbox"/>
Admission diagnosis:	N/A <input type="checkbox"/>
Discharge diagnosis:	N/A <input type="checkbox"/>
Does discharging physician agree to transfer or new admission to a facility in outbreak? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (for facilities not in outbreak)	
Has the resident or SDM/POA been advised of and consent to admission or transfer to a home in outbreak? They have been provided information on the measures that are in place to reduce the risk of exposure in the facility. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (for facilities not in outbreak)	
Does the receiving facility agree to the transfer of the resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 2: Information to be completed by resident's Facility of Residence

- To be completed by LTCH/RH/Congregate Living/Complex Continuing Care (CCC) Facility, at which client is currently a resident/patient prior to transfer to hospital.
- Ensure this completed form is included in the resident/patient transfer package (e.g., with transfer form/medication profile/DNR).

OR

- To be completed by Home and Community Care if the resident is a new admission.

Note: All fields are mandatory for a final decision to be made by Public Health Sudbury & Districts.

Section 2.1: Patient Information and Immunization Record

Is the resident/patient able to adhere to all required public health measures, as required (e.g. mask use, isolation)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the resident a previous positive case in the last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of previous positive test:	
Is the resident/patient immunized against influenza? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
Is the resident immunized against COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dose 1 <input type="checkbox"/> Date:	Dose 2 <input type="checkbox"/> Date:
Dose 3 <input type="checkbox"/> Date:	Dose 4 <input type="checkbox"/> Date:
*Review guidance for definition of fully vaccinated when determining if resident is up to date	

Section 3: Information to be completed by receiving facility

- To be completed by the hospital if admitting a patient/resident to a facility. **OR**
- To be completed by the LTCH/RH/Congregate Living/Complex Continuing Care (CCC) Facility if admitting/receiving a patient/resident. Ensure all information is completed prior to requesting transfer approval from Public Health Sudbury & Districts.
- Fax to Public Health Sudbury & Districts as per information in Section 4.

Section 3.1: Receiving Facility Information

Name of receiving facility:	
Contact name:	
Phone number:	Fax number:
Resident/patient will be transferring to: Room number: Floor/Unit: Private room <input type="checkbox"/> Shared room <input type="checkbox"/> Shared bathroom <input type="checkbox"/> Private bathroom <input type="checkbox"/>	
Is resident/patient room part of an outbreak: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Outbreak number:	
If returning to shared room. Is roommate any of the following: Active COVID-19 case <input type="checkbox"/> Previous positive (last 59 days) <input type="checkbox"/> High risk close contact <input type="checkbox"/> None <input type="checkbox"/> Other (specify):	
Requested admission date:	

Section 4: Contact Information

Fax or email the completed checklist to:

- Public Health Sudbury & Districts confidential fax: 705.677.9618 or email HPT_FAX_CONFIDENTIAL@phsd.ca **AND**
- HSN Patient Flow Office fax: 705.675.4771 (if applicable)
- If faxing or sending by email after hours (16:30 to 8:30 weekdays, or anytime on weekends and holidays), call 705.688.4366 to advise of incoming fax or email

For status inquiries regarding transfer's call:

- Enteric outbreaks: 705.522.9200, ext. 464
- Respiratory outbreaks: 705.522.9200 ext. 267 or email LTCH@phsd.ca
- After hours: 705.688.4366 (16:30 to 8:30 weekdays, or anytime on weekends and holidays)

Note: HSN Patient Flow Office can be reached at 705.522.2200, ext. 1044 (if applicable).

Public Health Sudbury & Districts will determine if the resident meets criteria for transfer or admission to facility based on the information provided and will notify the hospital or transferring facility.