# 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](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf) 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 [ ]  Receiving facility [ ]  Both facilities[ ] Outbreak Number(s):  |
| Type of outbreak (if applicable): Enteric [ ]  Respiratory [ ]  COVID-19 [ ]  |

**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 [ ]  Transfer/Repatriation [ ]  |
| Is **current** resident/patient **room** part of an outbreak? Yes [ ]  No [ ]  |
| Is the resident a COVID-19 case? Yes [ ]  No [ ]  |
| Date last COVID-19 test completed: PCR [ ]  Molecular [ ]  RAT [ ]  |
| Is the resident a HRCC of a COVID-19 case? Yes [ ]  No [ ]   |

**Section 1.3: Patient Symptom/Disease Record**

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

**Section 1.4: Transferring facility**

|  |
| --- |
| Date of admission to hospital/facility: N/A [ ]  |
| Admission diagnosis: N/A [ ]  |
| Discharge diagnosis: N/A [ ]  |
| Does discharging physician agree to transfer or new admission to a facility in outbreak?Yes [ ]  No [ ]  N/A [ ]  (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 [ ]  No [ ]  N/A [ ]  (for facilities not in outbreak) |
| Does the receiving facility agree to the transfer of the resident? Yes [ ]  No [ ]  |

**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 [ ]  No [ ]  |
| Is the resident a previous positive case in the last 90 days? Yes [ ]  No [ ]  |
| Date of previous positive test:  |
| Is the resident/patient immunized against influenza? Yes [ ]  No [ ]  Date:  |
| Is the resident immunized against COVID-19? Yes [ ]  No [ ]  |
| Dose 1 [ ]  Date: Dose 2 [ ]  Date:  |
| Dose 3 [ ]  Date: Dose 4 [ ]  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 [ ]  Shared room [ ]  Shared bathroom [ ]  Private bathroom [ ]  |
| Is resident/patient room part of an outbreak: Yes [ ]  No [ ]  |
| Outbreak number:  |
| If returning to shared room. Is roommate any of the following:Active COVID-19 case [ ]  Previous positive (last 59 days) [ ]  High risk close contact [ ]  None [ ] 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 at705.522.2200, 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.**